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***Date: 2/25/2009***

**TO: U.S. Patent and Trademark Office**

**FROM: Stephen T. Scherrer**

**RE: Attorney Docket No. ECS-P-09-001  
Transmittal Form (1 pg.)  
Certificate of Transmission Under 37 CFR 1.8 (1 pg.)  
Request for Withdrawal as Attorney and Change of  
Correspondence Address (2 pgs.)**

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**NO. OF PAGES INCLUDING THIS SHEET: -- 5 --**

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# TRANSMITTAL FORM

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Total Number of Pages in This Submission

5

Application Number 10/679,075

Filing Date October 3, 2003

First Named Inventor DURHAM, Steven

Art Unit 3633

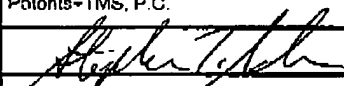
Examiner Name PHI A

Attorney Docket Number ECS-P-09-001

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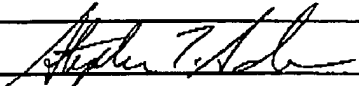
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## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Patents-TMS, P.C.		
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Date	February 25, 2009	Reg. No.	45,080

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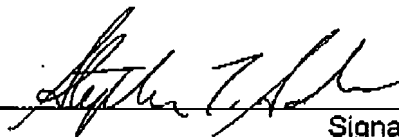
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Doc Code: PET,POA,WDRW

Document Description: Petition to withdraw attorney or agent (SI83)

PTO/SB/83 (11-08)

Approved for use through 11/30/2011. OMB 0651-0035  
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**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

Application Number	10/679,075
Filing Date	October 3, 2003
First Named Inventor	DURHAM, Steven
Art Unit	3633
Examiner Name	PHI A
Attorney Docket Number	ECS-P-09-001

**To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the practitioners of record;
- ☐ the practitioners (with registration numbers) of record listed on the attached paper(s); or
- ☒ the practitioners of record associated with Customer Number: 29013

**NOTE:** The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR :

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| <input type="checkbox"/> 10.40(b)(1)    | <input type="checkbox"/> 10.40(b)(2)            | <input type="checkbox"/> 10.40(b)(3)                       | <input type="checkbox"/> 10.40(b)(4)                |
| <input type="checkbox"/> 10.40(c)(1)(i) | <input type="checkbox"/> 10.40(c)(1)(ii)        | <input type="checkbox"/> 10.40(c)(1)(iii)                  | <input checked="" type="checkbox"/> 10.40(c)(1)(iv) |
| <input type="checkbox"/> 10.40(c)(1)(v) | <input type="checkbox"/> 10.40(c)(1)(vi)        | <input type="checkbox"/> 10.40(c)(2)                       | <input type="checkbox"/> 10.40(c)(3)                |
| <input type="checkbox"/> 10.40(c)(4)    | <input checked="" type="checkbox"/> 10.40(c)(5) | <input type="checkbox"/> 10.40(c)(6) Please explain below: |   |

**Certifications**

**Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.**

- ☒ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- ☒ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
- ☒ I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

[Page 1 of 2]

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**OR**

B. ☒ Inventor or Assignee name **Durham, Steven**

**Address 695 N. A1A Unit 106**

**City Ponte Vedra Beach State FL Zip 32082 Country USA**

**Telephone \_\_\_\_\_ Email \_\_\_\_\_**

**I am authorized to sign on behalf of myself and all withdrawing practitioners.**

**Signature** 

**Name Stephen T. Scherrer Registration No. 45,080**

**Address 2849 W. Armitage Ave.**

**City Chicago State IL Zip 60647 Country USA**

**Date February 25, 2009 Telephone No. 773-772-6009**

**NOTE: Withdrawal is effective when approved rather than when received.**

(Page 2 of 2)

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